

Consumer Rights and Responsibilities

As a participant in DrugSource's Pharmacy Program, YOU have the right to:

1. Receive respectful and considerate care from our customer service members, Pharmacists, Pharmacy Technicians and supervisory staff.
2. Receive accurate care without discrimination in accordance with physician orders.
3. Receive information in a format, language or manner that you understand.
4. Receive relevant, complete, current, accurate and understandable information from our Pharmacists regarding your drug therapy, proper storage and use of medications prescribed by your physician, possible side effects and adverse drug reactions associated with your medications with other medications, foods and/or supplements you may be taking.
5. Access Pharmacists for effective counseling and educational purposes in order for you to take an active role in your drug therapy.
6. Receive safe, accurately dosed and effective medications.
7. Access services where your records and all communications are conducted in a manner that protects your privacy.
8. Have family members, as appropriate and as allowed by law, and with your authorization or the authorization of your personal representation, be involved in your care and treatment, and/or service decisions affecting you.
9. Privacy and confidentiality of the information maintained in your patient record (PHI), as set forth in the DrugSource Notice of Privacy Practices which is found at www.drugsourceinc.com, under Privacy link.
10. Not have your information distributed to another party to be used to solicit the purchase of goods or services.
11. Receive, in advance of care/services being provided, complete oral and written explanations of charges for care, treatment, services and equipment, including the extent to which payment may be expected from Medicare, Medicaid, or any other third party payer, charges for which you may be responsible, and an explanation of all forms you are requested to sign.
12. Choose a health care provider, including choosing an attending physician, if applicable.
13. Be informed of any financial benefits that might accrue when referred to an organization.
14. Inspect and copy your protection health information.
15. Request a restriction of your protected health information.
16. Request to receive confidential communications from us by alternative means.
17. Amend your protected health information.
18. Receive an accounting of certain disclosures we have made, if any, of your protected health information.
19. Contact DrugSource's Privacy Officer through our website www.drugsourceinc.com or via customer service, (800) 854-8764.
20. Receive a DrugSource HIPAA Notice of Privacy Practices.
21. Be advised if a medication has been recalled by the manufacturer.

22. Contact DrugSource at (800) 854-8764 and speak to a supervisor with your complaints and grievances regarding treatment of care, medication errors or to recommend changes to our policy with regards to personnel, discrimination, care or services, and have them investigated.
23. Be fully informed of your responsibilities associated with the DrugSource Pharmacy program.

YOU have the responsibility to:

1. Timely provide DrugSource with the information necessary to register you into our systems to extent required by law.
2. Timely provide DrugSource with accurate clinical and contact information.
3. Promptly notify DrugSource staff of any change to clinical or contact information, whether permanent or temporary.
4. Promptly notify your current providers of your participation in DrugSource's Pharmacy program.
5. Promptly notify your physician and DrugSource of any side effects and/or complications.
6. Provide us, to the best of your knowledge, with timely, accurate and complete personal and health information necessary for us to provide you with the utmost in patient care.
7. Ask our customer service or Pharmacy staff any questions you may have regarding treatment and/or services provided by our staff.
8. Promptly notify DrugSource staff of your availability/unavailability to receive deliveries at the scheduled time.
9. Treat DrugSource staff with respect and dignity without discrimination as to color, creed, national or ethnic origin, gender or religion.
10. Safely and accurately use medications and products according to the instructions provided, including without limitation those in the medication guides, notes from Pharmacist and physician directions.
11. Safely and accurately use medications and products for the purposes they were prescribed for and for the individual for whom they were prescribed.
12. Promptly notify DrugSource of any change in treatment or condition, physician and/or insurance coverage.
13. Pay DrugSource all charges upon receipt of your order. Any past due account shall incur a 1.5% charge per month on any unpaid balance. Returned check fee is \$20.00

If you have any questions or concerns regarding the DrugSource Pharmacy Program or any issues that require assistance, please contact us at (800) 854-8764 during normal business hours, Monday through Friday, 8:30am to 10pm CT. Emergency Services are also available after hours by contacting (800) 854-8764 and press option number 4 to leave a message and someone will return your call.